



Placer County Health and Human Services Department

Richard J. Burton, M.D., M.P.H.
Health Officer and Director

Jill Pahl, R.E.H.S.
Director, Environmental Health

Amount Paid \$:
Date Paid:
Receipt #
Check #
CC Auth #

APPLICATION FOR FOOD FACILITY PERMIT

NOTE: Should you wish to change the types of food handled in your establishment, such as adding lunchtime sandwich preparation service in a grocery store, or should you wish to add or replace equipment, or should you wish to remodel or add onto your food handling establishment, please contact this office "PRIOR TO MAKING ANY CHANGES OR PURCHASES."

☐ Update Information ☐ Change of Owner ☐ Business Name Change ☐ New Business

Mail Invoice/Permit to ☐ Owner or ☐ Facility

BUSINESS OWNER INFORMATION

Owner's Name: _____

Owner Address, City, Zip: _____

Owner's E-Mail: _____

Owner's Phone #: () _____

Emergency Phone #: () _____

FACILITY INFORMATION

Facility Business Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Phone #: () _____

Alternate Phone Number: () _____ If unable to be reached at Owner or Facility Phone

Name of Previous Business at this Location: _____

Square Footage: ☐ < 2,000
☐ < 5,000
☐ > 5,000

Seating Capacity: ☐ 0-50
☐ 50-100
☐ > 100

Facility Within City Limits?
☐ Yes ☐ No ☐ Unknown

If Applicable: Food Vehicle License Plate # _____

Provide a description of the basic types of food and beverage service:

☐ Prepackaged items only

☐ Food preparation: beverages, deli, full scale restaurant, etc.

☐ Prepackaged and food preparation

The California Retail Food Code (Cal Code), Section 114381 states that a food facility shall not be open for business without a valid permit to operate. Operation of a food facility in Placer County without a valid permit issued by this office may result in closure of the facility and penalty fees of up to three times the original permit fee.

I certify that I am familiar with the laws pertaining to food service as stated in the California Retail Food Code and agree to operate in a manner consistent with those laws.

OWNER'S SIGNATURE: _____ DATE: _____

Type of Establishment:	PE#	Description:
Department Comments / Conditions: () Approved () Denied () Other		
R.E.H.S. Signature:		

OW# _____ FA# _____ PR# _____ PE# _____ PT# _____

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